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| STATEMENT BY APPLICANT | | First Named Inventor | SUZUKI | | | |
| | | Art Unit | | | | |
| (Use as m | any sheets as necessary) | Examiner Name | | | | |
| Sheet | of | Attorney Docket Number | DC5159 PCT1 | | | |

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/Michael H. Wilson/

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Translation is attached.
The collection of information is required by 3 FOR 1.97 and 1.98. The information is required to obtain or retain a bound by the public which is to list end by the receivable of information is required to a confidentially is governed by \$8.1.58. T. 29. and 3 FOR 1.41. The collection is estimated to take 2 how to complete, including gathering, preparing, and submitting the completed application from to the USPTO. Time will vary depending upon the individual case. Any comments on the emount of time pur carejus to complete this from another suggestors for reducing the barden, should be sent to the Chief Information Officer. U.S. Patient and Trademark Office. U.S. Department of Commerce. P.O. Box 1450, Mexandrie, VA. 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionary for Patients, P.O. Dox 1459, Mexandrie, VA. 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionary for Patients, P.O. Dox 1459, Mexandrie, VA. 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionary for Patients, P.O. Dox 1459, Mexandrie, VA. 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionary for Patients, P.O. Dox 1459, Mexandrie, VA. 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionary for Patients, P.O. Dox 1459, Mexandrie, VA. 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionary for Patients, P.O. Dox 1459, Mexandrie, VA. 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionary for Patients, P.O. Dox 1459, Mexandrie, VA. 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionary for Patients, P.O. Dox 1459, Mexandrie, VA. 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionary for Patients, P.O. Dox 1459, Mexandrie, VA. 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionary for Patients, P.O. DOX